



17364 U.S. PTO

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Richard C. Gunderson

Serial No.: Unknown

Examiner: Unknown

Filed: December 29, 2003

Group Art Unit: Unknown

For: MEDICAL DEVICE WITH MODIFIED MARKER BAND

Docket: 1001.1733101

19270 U.S. PTO
10/749499
122903

TRANSMITTAL SHEET

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 315612532 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 29th day of December 2003.

By Kathleen L. Boekley
Kathleen L. Boekley

We are transmitting herewith the attached Patent Application including the following:

☒ SIXTEEN (16) Sheet(s) of Specification

☒ TWENTY-FIVE (25) Claim(s)

☒ ONE (1) sheet of Abstract

☒ FOUR (4) Sheet(s) of Formal/Informal Drawings

☒ Unexecuted Declaration and Power of Attorney

☐ Small entity status under 37 C.F.R. §§ 1.9 and/or 1.27 is claimed

☒ An Assignment of the invention to SciMed Life Systems, Inc., will be submitted at a later date

☐ A certified copy of a _____ application, Serial No. _____, filed _____, the right of priority of which is claimed under 35 U.S.C. § 119.

CLAIMS AS FILED						
	(1)	(2)	Small Entity		Other	
For:	# Filed	# Extra	Rate	Fee	Rate	Fee
Basic Fee	1	0		\$385		\$770
Total Claims	25 - 20 =	5	X 9 =	\$	X 18 =	\$90
Independent Claims	6 - 3 =	3	X 43 =	\$	X 86 =	\$258
() Multiple Dependent Claim Presented			+ 145 =	\$	+ 290 =	\$0
TOTAL			\$		\$1,118	

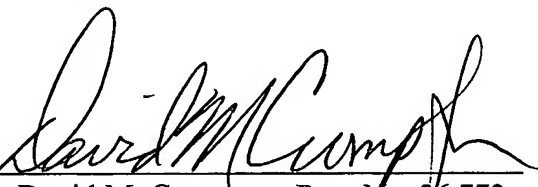
*If the difference in Column (1) is less than zero, enter "0" in column 2.

[] Other _____.

[XX] A check in the amount of \$1,118.00 is enclosed.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to
Deposit Account No. 50-0413.

By: 
David M. Crompton, Reg. No. 36,772
Customer No. 28075

David M. Crompton
CROMPTON, SEAGER & TUFTE, LLC
1221 Nicollet Avenue, Suite 800
Minneapolis, MN 55403-2420
Telephone: (612) 677-9050
Facsimile: (612) 359-9349